



# Adventureland Day Camp

.... Find Your True North

6401 Hulmeville Road, Bensalem, PA 19020

## 2012 CAMPER APPLICATION

Camp Phone: 215-757-9142  
 Picnic Phone: 215-757-9142  
 Fax: 215-757-9483  
 Business Office: 6401 Hulmeville Rd  
 Bensalem, Pa. 19020  
 e-mail: [adaycamp@aol.com](mailto:adaycamp@aol.com)  
 Website: [adventurelanddaycamp.com](http://adventurelanddaycamp.com)

### 2012 PRICES – 5 TO 14 YEAR OLDS

All prices based on \$90.00 per day rate per child 9 AM to 4 PM  
 (INCLUDES LUNCH AND SNACKS)

	* 8 wks 39 days	7 wks 35 days	6 wks 30 days	5 wks 25 days	4 wks 20 days	3 wks 15 days	2wks 10 days	1 wks 5 days
5 days/ week	\$ 3510.00	\$ 3150.00	\$ 2700.00	\$ 2250.00	\$ 1800.00	\$ 1350.00	\$ 900.00	\$ 450.00
4 days/week	\$ 2880.00	\$ 2520.00	\$ 2160.00	\$ 1800.00	\$ 1440.00	\$ 1080.00	\$ 720.00	\$ 360.00
3 days/week	\$ 2160.00	\$ 1890.00	\$ 1620.00	\$ 1350.00	\$ 1080.00	\$ 810.00	\$ 540.00	\$ 270.00
2 days/week	\$ 1440.00	\$ 1260.00	\$ 1080.00	\$ 900.00	\$ 720.00	\$ 540.00	\$ 360.00	\$ 180.00
1 day/week	\$ 720.00	\$ 630.00	\$ 540.00	\$ 450.00	\$ 360.00	\$ 270.00	\$ 180.00	\$ 90.00

\*We are closed for July 4th

#### ADDITIONAL CHARGES

**EXTENDED HOURS:** Morning Session 7:30 AM to 9AM. Afternoon Session 4 PM to 5:30 PM. Please add \$5.00 per session of attendance per child.

#### DISCOUNTS

**PIF Discount Rate:** Tuition paid in full by December 18th insures a 20% DISCOUNT

**Super, Super Discount Rate:** A \$600.00 DEPOSIT received by November 17<sup>th</sup> & PAID IN FULL BY JUNE 1 insures a 15% DISCOUNT

**Super Discount Rate:** A \$600.00 DEPOSIT received by December 18<sup>th</sup> & PAID IN FULL BY JUNE 1 insures a 10% DISCOUNT

**Sibling Discount:** Take \$5 per day off the 2<sup>nd</sup> child's tuition- \$10 per day off the 3<sup>rd</sup> child's tuition. Pay as you Go not eligible.

#### NEW PAYMENT OPTIONS

We offer a day rate allowing us to customize your camper's attendance in any combination you choose.

**Pay as you Go:** Tuition must be paid 1 week in advance of Camper's attendance. NO DISCOUNTS ARE ALLOWED FOR PAY AS YOU GO.

We accept Visa/Mastercard, Discover, Pay Pal and Check.

### TERMS OF ENROLLMENT AGREEMENT

1. Signing this Enrollment Agreement constitutes acceptance of the terms below, and of financial responsibility for tuition and other published or agreed upon costs (i.e. Extended Hours, Pictures, etc)
2. Campers and parents agree to abide by rules and regulations set by the Directors for health, safety and welfare of campers.
3. Adventureland Day Camp, Inc. is not responsible for camper's equipment or personal belongings, while in transit or at camp, if lost or damaged by fire, theft or otherwise. Adventureland will make every reasonable effort to prevent such losses.
4. Directors reserve the right to deny, cancel, sever or suspend a child's enrollment if deemed in the best interest of the camper or the camp, in which case the **unused** camp fee will be refunded
5. Special requests are honored if deemed in the best interest of the camper, group and the camp, and must be submitted in writing. All requests are subjected to the Director's approval. Changes in group assignments will be made if possible.
6. Parent's signature further gives camp permission to use camper's likeness or image in camp publication unless prohibited, in writing, by parent.
7. Parent's signature further gives permission for camper to participate in special programs and activities.
8. Payments of **ALL TUITION MUST** be paid in advance of attendance. If the camper has a change in plans (i.e. vacation), Adventureland will cheerfully re-arrange camper's schedule. **Individual days of absence are not refundable except in cases of emergency.**

#### ENROLLMENT DEPOSIT/PAYMENT

Enclose please find a deposit in the amount of \_\_\_\_\_ for \_\_\_\_\_ (child's/children's names)

Payment Method: CHECK # \_\_\_\_\_ Mastercard /Visa Discover # \_\_\_\_\_ Exp. Date \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### REFERRAL BONUS: Refer a family and get a \$5 bonus per day of attendance by the new camper. Awarded Sept. 2013

I have referred the \_\_\_\_\_ family at \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

I have been referred to Adventureland by the \_\_\_\_\_ family

#### Mailing Address:

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home/ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Numbers:**

Mother's home phone: \_\_\_\_\_ Father's home phone: \_\_\_\_\_  
 Mother's work/cell phone: \_\_\_\_\_ Father's work/cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Doctor's Name & phone: \_\_\_\_\_  
 Emergency contact: Name and Phone# \_\_\_\_\_  
 Security password (very important) \_\_\_\_\_

**Camper #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ # of years attending Adventureland \_\_\_\_\_  
 Birth Date \_\_\_/\_\_\_/\_\_\_ Age as of June 1st 2012 \_\_\_ Yrs \_\_\_ Mths Male \_\_\_ Female \_\_\_ Grade as of Sept. '12 \_\_\_\_\_

	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
Please circle the days your camper will be attending.											
WK 1	6/18	6/19	6/20	6/21	6/22	WK 5	7/16	7/17	7/18	7/19	7/20
WK 2	6/25	6/26	6/27	6/28	6/29	WK 6	7/23	7/24	7/25	7/26	7/27
WK 3	7/2	7/3	OFF	7/5	7/6	WK 7	7/30	7/31	8/1	8/2	8/3
WK 4	7/9	7/10	7/11	7/12	7/13	WK 8	8/6	8/7	8/8	8/9	8/10

To calculate tuition please multiply # of days attending \_\_\_\_\_ X \$90.00 per day = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of AM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of PM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total

Mini camp	MON	TUE	WED	THU	FRI	Mini camp	MON	TUE	WED	THU	FRI
Please circle the days your camper will be attending mini camp (no discounts including sibling discount on mini camp)											
WK 9	8/13	8/14	8/15	8/16	8/17	WK 10	8/20	8/21	8/22	8/23	8/24

To calculate tuition for mini camp please multiply # of days attending \_\_\_\_\_ X \$40.00 per day = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of AM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of PM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total

Grouping requests: Place my child with \_\_\_\_\_ not with \_\_\_\_\_

**My camper has the following needs, restrictions and/or limitations**

Food/Diet \_\_\_\_\_ Needs medications during camp (circle one) YES NO  
 Allergies \_\_\_\_\_ My child is a Special Needs child (circle one) YES NO  
 Explain \_\_\_\_\_

**T-Shirt Size** (supplied by Adventureland for picture day) please circle one

**Child Size:** ex-small (2-4) small (6-8) medium (10-12) large (14-16) **Teen Size:** small (34-36) medium (38-40) large (42-44)

**Camper #2 (sibling discount - \$ 5.00/day\*)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ # of years attending Adventureland \_\_\_\_\_  
 Birth Date \_\_\_/\_\_\_/\_\_\_ Age as of June 1st 2012 \_\_\_ Yrs \_\_\_ Mths Male \_\_\_ Female \_\_\_ Grade as of Sept. '12 \_\_\_\_\_

	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
Please circle the days your camper will be attending.											
WK 1	6/18	6/19	6/20	6/21	6/22	WK 5	7/16	7/17	7/18	7/19	7/20
WK 2	6/25	6/26	6/27	6/28	6/29	WK 6	7/23	7/24	7/25	7/26	7/27
WK 3	7/2	7/3	OFF	7/5	7/6	WK 7	7/30	7/31	8/1	8/2	8/3
WK 4	7/9	7/10	7/11	7/12	7/13	WK 8	8/6	8/7	8/8	8/9	8/10

To calculate Tuition please multiply # of days attending \_\_\_\_\_ X \$90.00\* per day = \_\_\_\_\_ Total  
 To calculate 2<sup>nd</sup> child discount multiply # of days attending \_\_\_\_\_ X -\$5.00 per day = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of AM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of PM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total

Mini camp	MON	TUE	WED	THU	FRI	Mini camp	MON	TUE	WED	THU	FRI
WK 9	8/13	8/14	8/15	8/16	8/17	WK 10	8/20	8/21	8/22	8/23	8/24

Please circle the days your camper will be attending mini camp (no discounts including sibling discount on mini camp)  
 To calculate tuition for mini camp please multiply # of days attending \_\_\_\_\_ X \$40.00 per day = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of AM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total  
 To calculate cost of extended hours please multiply # of PM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ Total

**Grouping requests:** Place my child with \_\_\_\_\_ not with \_\_\_\_\_

**My camper has the following needs, restrictions and/or limitations**

Food/Diet \_\_\_\_\_  
 Allergies \_\_\_\_\_

Needs medications during camp (circle one) YES NO  
 My child is a Special Needs child (circle one) YES NO  
 Explain \_\_\_\_\_

**T-Shirt Size** (supplied by Adventureland for picture day) please circle one

**Child Size:** ex-small (2-4) small (6-8) medium (10-12) large (14-16) **Teen Size:** small (34-36) medium (38-40) large (42-44) pg 2

**Camper #3 (sibling discount - \$ 10.00/day\*)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ # of years attending Adventureland \_\_\_\_\_  
 Birth Date \_\_\_/\_\_\_/\_\_\_ Age as of June 1st 2012 \_\_\_ Yrs \_\_\_ Mths Male \_\_\_ Female \_\_\_ Grade as of Sept. '12 \_\_\_\_\_

	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
Please circle the days your camper will be attending.											
WK 1	6/18	6/19	6/20	6/21	6/22	WK 5	7/16	7/17	7/18	7/19	7/20
WK 2	6/25	6/26	6/27	6/28	6/29	WK 6	7/23	7/24	7/25	7/26	7/27
WK 3	7/2	7/3	OFF	7/5	7/6	WK 7	7/30	7/31	8/1	8/2	8/3
WK 4	7/9	7/10	7/11	7/12	7/13	WK 8	8/6	8/7	8/8	8/9	8/10

To calculate Tuition please multiply # of days attending \_\_\_\_\_ X \$90.00\* per day = \_\_\_\_\_ **Total**  
 To calculate 2<sup>nd</sup> child discount multiply # of days attending \_\_\_\_\_ X -\$10.00 per day = \_\_\_\_\_ **Total**  
 To calculate cost of extended hours please multiply # of AM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ **Total**  
 To calculate cost of extended hours please multiply # of PM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ **Total**

Mini camp	MON	TUE	WED	THU	FRI	Mini camp	MON	TUE	WED	THU	FRI
WK 9	8/13	8/14	8/15	8/16	8/17	WK 10	8/20	8/21	8/22	8/23	8/24

Please circle the days your camper will be attending mini camp (no discounts including sibling discount on mini camp)

To calculate tuition for mini camp please multiply # of days attending \_\_\_\_\_ X \$40.00 per day = \_\_\_\_\_ **Total**  
 To calculate cost of extended hours please multiply # of AM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ **Total**  
 To calculate cost of extended hours please multiply # of PM ext hrs \_\_\_\_\_ X \$5.00 per session = \_\_\_\_\_ **Total**

**Grouping requests:** Place my child with \_\_\_\_\_ not with \_\_\_\_\_

**My camper has the following needs, restrictions and/or limitations**

Food/Diet \_\_\_\_\_  
 Allergies \_\_\_\_\_

Needs medications during camp (circle one) YES NO  
 My child is a Special Needs child (circle one) YES NO  
 Explain \_\_\_\_\_

**T-Shirt Size** (supplied by Adventureland for picture day) please circle one

**Child Size:** ex-small (2-4) small (6-8) medium (10-12) large (14-16) **Teen Size:** small (34-36) medium (38-40) large (42-44) pg 2